

# REQUEST FOR WEB-BASED TRAINING

## FAA Employee Information

1. Name: \_\_\_\_\_ Routing Symbol: \_\_\_\_\_
2. Title/Series/Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Course Information

**STUDENT:** *Enter requested course(s) in ORDER OF PREFERENCE.*

**FOR OFFICIAL USE ONLY**

COURSE TITLE	Course Length (# of Hours)	EMPLOYEE NOTIFIED	COURSE COMPLETED

## FAA INDIVIDUAL TRAINING NEEDS ASSESSMENT

1. I am currently working on \_\_\_\_\_
2. I will be working on the following new system/program/project: \_\_\_\_\_
3. I need to acquire the following knowledge and/or skill(s) to support these new responsibilities: \_\_\_\_\_
4. This training will contribute to the organization's workload/mission by: \_\_\_\_\_
5. What is the potential impact of not providing this training? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Concur \_\_\_\_ Nonconcur FAA Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Coordination: Training Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

*This assessment is in compliance with the requirements of Section 337 of the Fiscal Year 1996 Department of Transportation Act Public Law No. 104-50. Completed form must be kept on file for 3 years.*